



Professional Interpreter Service Invoice

Bill To: Doral - Smiles For Children
12121 N. Corporate Parkway
Mequon, WI 53092
Attn: Lori Howley
Fax: 262-241-7366

Send Payment To: Name of Payee: _____
Address: _____
Address: _____
City, State, Zip: _____

Provider Name: _____

**Provider's
Signature:** _____

Date of Invoice: _____

	Date of Service	Member Name	Member ID	Professional Interpreter Service Name	Total \$ Amount
Case 1					
Case 2					
Case 3					
Case 4					
Case 5					
TOTAL INVOICE:					

You must include a copy of the professional interpreter service's invoice or statement for each case being billed to Doral.